

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004281

AMENDED

Registration District No.

318

SL 1766

1003

Registrar's No.

539

STATE FILE NUMBER

FILED JAN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MISSOURI

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

FRANKLIN

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

ST. CLAIR

d. STREET  
ADDRESS

(If outside, give location)

RFD #2

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BENJAMIN F. NAPIER

4. DATE

OF  
DEATH

Month

Day

Year

JANUARY 12, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

1/17/12

## 9. AGE (last birthday)

49

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JANITOR

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

ST. CLAIR, MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

WALTER NAPIER

## 13b. MOTHER'S MAIDEN NAME

CLEMA ANDERSON

## 14. NAME OF HUSBAND OR WIFE

OPAL NAPIER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

(If yes, give war or dates of service)

1/5/45 TO 3/18/46

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

OPAL NAPIER SEE 2C

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIO VASCULAR ACCIDENT OF BRAIN

## INTERVAL BETWEEN ONSET AND DEATH

3 HOURS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CARCINOMA OF STOMACH, METASTATIS

4 YRS.

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 12/23/61

to 1/12/62

and last saw him alive on 1/12/62

Death occurred at 12:55

A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

SANFORD WOLFSON

## 22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

## 22c. DATE SIGNED

1/12/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1-12-1962

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

St. Clair, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

CASEY-LENOX FUNERAL HOME, ST. CLAIR, MO.

## 25. DATE RECD. BY LOCAL REG.

JAN 12 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.